

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99373

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: THE KING'S DRUGSTORE, INC.

**Current Principal Place of Business:**

105 NW 5TH STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

105 NW 5TH STREET  
OKEECHOBEE, FL 34972

**New Mailing Address:**

FEI Number: 59-2930483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUHLEWIND, BLAIR L  
490 NE 138 STREET  
OKEECHOBEE, FL 33497 US

**Name and Address of New Registered Agent:**

KUHLEWIND, BLAIR L  
490 NE 138 STREET  
OKEECHOBEE, FL 34972 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVPT ( ) Delete  
Name: KUHLEWIND, BLAIR L.  
Address: 490 NE 138 STREET  
City-St-Zip: OKEECHOBEE, FL

Title: DP ( ) Delete  
Name: BENOW, THOMAS H.  
Address: 1367 SW 18 TERRACE  
City-St-Zip: OKEECHOBEE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECR ( ) Change (X) Addition  
Name: KUHLEWIND, JASON  
Address: 490 NE 138 STREET  
City-St-Zip: OKEECHOBEE, FL 34972 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLAIR L KUHLEWIND

DVPT

01/14/2009

Electronic Signature of Signing Officer or Director

Date